



DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that;

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled *SUTURE APPARATUS AND METHOD FOR STERNAL CLOSURE* (MWG Docket Number 4266-A2) the specification of which:

_____ is attached hereto.

☒ was filed on 09 September 2003 as

Application Serial No. 10/658,476 and was amended

on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information which is material to the examination or patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

(Number) (Country) (Day/Mo./Yr. Filed)

Yes No

(Number) (Country) (Day/Mo./Yr. Filed)

Yes No

(Number) (Country) (Day/Mo./Yr. Filed)

Yes No